

# Big Red Kidney Bus NSW Application Form

In partnership with Royal North Shore Hospital



## Booking Information

<b>Big Red Kidney Bus Holiday Destination - 2019</b> <input type="checkbox"/> Coffs Harbour (8 Jul – 24 Aug 2019) <input type="checkbox"/> Port Macquarie (2 Sep – 19 Oct 2019) <input type="checkbox"/> Nelson Bay (28 Oct – 14 Dec 2019) <b>Big Red Kidney Bus Holiday Destination - 2020</b> <input type="checkbox"/> Sydney (6 Jan – 24 Jan 2020) <input type="checkbox"/> Batemans Bay (3 Feb – 14 Mar 2020) <input type="checkbox"/> Umina Beach (30 Mar – 9 May 2020)	<b>Holiday Dialysis Dates requested:</b> First dialysis session: ____ / ____ / ____ Final dialysis session: ____ / ____ / ____ <b>How did you hear about the Big Red Kidney Bus?</b> <hr/> <input type="checkbox"/> I'd like to subscribe to <i>Your Kidney Connection</i> monthly e-newsletter at the email address below.
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## Contact Details

Title: \_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Preferred language: \_\_\_\_\_

Are you of Aboriginal Torres Strait Islander origin?

Yes – Aboriginal     Yes – Torres Strait Islander     Yes – both     No     Unknown

Marital Status:  Married     De Facto     Never married     Widowed     Separated     Divorced

### Emergency Contact

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

## Admission Criteria

Please read the Admission Criteria for the Big Red Kidney Bus, which can be found on our website.  
Dialysis on the Big Red Kidney Bus is not available for people with a permacath.

## Dialysis Days and Sessions

Please tick your preferred days and session times for dialysis, and note that some flexibility may be requested by Royal North Shore.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

## Holiday Accommodation (if known)

Address : \_\_\_\_\_ Phone: \_\_\_\_\_

Email completed application to: [bigredkidneybus@kidney.org.au](mailto:bigredkidneybus@kidney.org.au)

## Practitioner Details

<b>Nephrologist</b> Name: _____ Clinic / Hospital: _____ Address: _____ Town/Suburb: _____ State: _____ Postcode: _____ Phone: _____	<b>General Practitioner</b> Name: _____ Medical Clinic: _____ Address: _____ Town/Suburb: _____ State: _____ Postcode: _____ Phone: _____
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## Information – (Medicare details must be provided, to process booking)

<b>Medicare No.</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Reference No. (next to name)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Expiry date:</b>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
I am a public patient: <input type="checkbox"/> YES DVA (if applicable): _____		I am a private patient: <input type="checkbox"/> YES Health Fund name: _____ Health Fund number: _____	
<b>Hospital or Satellite Haemodialysis</b> The Dialysis Unit I attend is: _____ Address: _____ Town/Suburb: _____ State: _____ Postcode: _____ Nurse Unit Manager Name: _____ Telephone: _____ Email: _____ Parent Hospital: _____		<b>Home Haemodialysis</b> The name of my Home Haemodialysis Coordinator is: _____ Hospital: _____ Address: _____ Town/Suburb: _____ State: _____ Postcode: _____ Telephone: _____ Email: _____ Parent Hospital: _____	

## Transport & Accommodation (please tick the boxes)

I acknowledge that I need to arrange my own **transport** to and from the holiday destination and the Big Red Kidney Bus.

I acknowledge that I need to arrange and pay for my own **accommodation** in the local area where the Big Red Kidney Bus will be located.

**Travel insurance is recommended.**

## Confirmation & Cancellation (please tick the boxes)

I acknowledge that my booking application will be **confirmed** by Royal North Shore Hospital when I meet all of the criteria to have haemodialysis on the Big Red Kidney Bus and I will read the Checklist of *What to bring on the Bus*.

If at any time I need to cancel a confirmed booking I will contact Kidney Health Australia Big Red Kidney Bus FREECALL: 1800 454 363 or Email: [bigredkidneybus@kidney.org.au](mailto:bigredkidneybus@kidney.org.au)

**Email completed application to: [bigredkidneybus@kidney.org.au](mailto:bigredkidneybus@kidney.org.au)**

Internet Explorer is the preferred browser to enable the buttons below.  
Alternatively, please save and email or print completed form to [bigredkidneybus@kidney.org.au](mailto:bigredkidneybus@kidney.org.au). Your renal unit may assist with submitting this form.  
For further information please phone 1800 454 363.